

Filing at a Glance

Company: Praetorian Insurance Company

Product Name: Chandler Property Program - Standard SERFF Tr Num: PRAE-125236848 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: AR-PC-07-025493

Sub-TOI: 01.0001 Commerical Property (Fire and Allied Lines)

Co Tr Num: PIC-CIM-AR-CP-F-002 State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Danelle Hill

Disposition Date: 07-26-2007

Date Submitted: 07-18-2007

Disposition Status: Approved

Effective Date Requested (New): 09-01-2007

Effective Date (New): 09-01-2007

Effective Date Requested (Renewal): 09-01-2007

Effective Date (Renewal): 09-01-2007

General Information

Project Name: Chandler

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-26-2007

State Status Changed: 07-18-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Praetorian Insurance Company submits for your review this form revision to our Chandler Property Program Standard, which was approved on February 9, 2007, under company filing # PIC-CIM-AR-CP-F-001. The purpose of this filing is to add three new forms to our program.

Company and Contact

Filing Contact Information

Danelle Hill, Senior Filing Analyst

dhill@pfgi.com

88 Pine Street

(212) 805-9879 [Phone]

New York, NY 10005

(212) 805-9806[FAX]

Filing Company Information

Praetorian Insurance Company

CoCode: 37257

State of Domicile: Illinois

7 Times Square

Group Code: 517

Company Type: Property &
Casualty

Created by SERFF on 07-26-2007 09:20 AM

New York, NY 10036
(212) 805-9700 ext. [Phone]

Group Name: Hannover Re Group State ID Number:
FEIN Number: 36-3030511

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: The form filing fee is \$50.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$50.00	07-18-2007	14656837

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-26-2007	07-26-2007

Disposition

Disposition Date: 07-26-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 09-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Form List	Approved	Yes
Form	Payment Schedule	Approved	Yes
Form	Common Policy Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Form List	PTFORML	6/07	Other	New		0.00	PTFORMLIST - Form List.pdf
Approved	Payment Schedule	PTPAYSC	6/07	Other	New		0.00	PTPAYSCHE - Pay Schedule.pdf
Approved	Common Policy Declarations	PTIL0019	12/06	Declaration	New s/Schedule		0.00	PTIL0019 12-06.pdf

PRAETORIAN INSURANCE

FORMS LIST

We agree with you that the following Endorsements and/or Forms are added to and form a part of this policy:

<u>FORM</u>	<u>EDITION</u>	<u>DESCRIPTION</u>
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PRAETORIAN INSURANCE

PAYMENT SCHEDULE

WE AGREE WITH YOU THAT THE TOTAL ESTIMATED ANNUAL PREMIUM OF
\$ IS PAYABLE AS FOLLOWS:

PAYMENT PLAN:

PAYMENT DUE

AMOUNT

PRAETORIAN INSURANCE

COMMON POLICY DECLARATIONS

POLICY NUMBER

RENEWAL OF NUMBER

NAMED INSURED:

Customer #:

SIC:

Other: _____

POLICY PERIOD:

From

To

12:01 A.M. Standard Time at Insured's mailing address.

Business Description:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM

TOTAL _____

Audit Period Is:

Premium shown is payable: \$

at inception: \$

1st Anniversary: \$

2nd Anniversary

Forms and Endorsements applicable to all Coverage Parts: SEE FORMS LIST

Countersigned _____ By _____
(Date) (Authorized Representative)

AGENT:

SUBPRODUCER:

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART
DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO
FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-26-2007
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Comments:

Attachments:

F777.pdf

F778.pdf

Satisfied -Name:	Filing Memorandum	Review Status: Approved	07-26-2007
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Comments:

Attachment:

FILING MEMORANDUM-Property Forms.pdf

Property & Casualty Transmittal Document

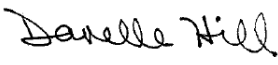
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Hannover Re Group	517

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Praetorian Insurance Company	Illinois	37257	36-3030511	

5. Company Tracking Number	PIC-CIM-AR-CP-F-002
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Danelle Hill, Wall Street Plaza, 88 Pine Street, NY, NY 10005	Senior Filing Analyst	(866) 390-7723 (212) 805-9879	(212) 894-7821	dhill@pfgi.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Danelle Hill		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	1.0000 Property
10. Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Chandler Property Program - Standard
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09-01-2007 Renewal: 09-01-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	July 18, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PIC-CIM-AR-CP-F-002
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Praetorian Insurance Company submits for your review this form revision to our Chandler Property Program – Standard, which was approved on February 9, 2007, under company filing # PIC-CIM-AR-CP-F-001. The purpose of this filing is to add three new forms to our program.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - Sent via EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		PIC-CIM-AR-CP-F-002		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Form List	PTFORMLIST (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Payment Schedule	PTPAYSCHEDED (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Common Policy Declarations	PTIL0019 (12/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PRAETORIAN INSURANCE

FILING MEMORANDUM COMMERCIAL PROPERTY FORM FILING

The Company is submitting new forms applicable to the Company's Chandler Property Program. A listing of the proposed forms is shown below. These forms clarify coverage and have no bearing on the premium charged to the policyholders. No other changes are being proposed with this filing.

The Company respectfully requests that the proposed forms be implemented for all policies effective on or after September 1, 2007.

1. PTFORMLIST (6/07) Form List
New form for listing all applicable forms for a policy
2. PTPAYSCHED (6/07) Payment Schedule
New form for showing payment schedule
3. PTIL0019 (12/06) Common Policy Declarations
Declarations Page